



January 2006

Claims Clues

Publication of the AHCCCS Claims Department

NATIONAL PROVIDER IDENTIFIER (NPI)

Effective January 23, 2004, the final rule regarding the National provider Identifier (NPI) was published. CMS started assigning NPI numbers to providers last May. AHCCCS will require the NPI to be used as the healthcare provider identifier in all claim submissions starting in May 2007.

Providers currently registered with AHCCCS can now submit their NPI number to AHCCCS Provider Registration. To submit the NPI number, providers can mail or fax a copy of their NPI notification email to:

AHCCCS
Provider Registration Unit
P. O. Box 25520
Mail Drop 8100
Phoenix, AZ 85002

FAX: (602)256-1474

The documentation must include the provider's name and AHCCCS ID number. NPI numbers will also be accepted via written notification. Notification must include the provider's name, AHCCCS ID number, and signature of the provider or authorized signor. AHCCCS is targeting January 1, 2007 as the optional claims and encounter submission date. Effective May 23, 2007, all claims and encounters must be submitted with the NPI when applicable.

Providers may obtain additional information about the NPI at

www.cms.hhs.gov/hipaa/hipaa2.

This site contains Frequently Asked Questions and other information related to NPI and other HIPAA standards.

DAILY MAXIMUMS CHANGED

As of 10/27/2005, AHCCCS has changed the Daily Maximums for the following codes.....

95024 (Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction) to **50 units**.

95027 (Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction) to **100 units**.

PAPER CLAIM SUBMISSION

VS

ELECTRONIC CLAIM SUBMISSION

Paper Claim Submission Process

- Your claim arrives at AHCCCS (either by mail, hand delivery or fax)
- The claim form is scanned to create an electronic image
- Using the image of the claim, data entry staff keys the claim into the AHCCCS Claims System
- The AHCCCS Claims System process the claim through a series of edits
- The claim is either paid or denied
- Claim payment or denial is documented on a remittance advice sent to the provider
- Currently, this process can take up to 30+ days before claim determination is available for viewing or communication.

NOTE: Just keep in mind that hardcopy, paper claim submissions will not show in the AHCCCS Claim System until the AHCCCS data entry staff keys the imaged claim into the AHCCCS Claims system and the claim has processed through the series of edits. It seems that many of the hardcopy, paper claim submissions are **resubmitted** within the 30+ days that it takes for the claim to actually show up in the Claims system (as explained in the above process). Please allow time for the hardcopy submissions to process before resubmitting.

Electronic Claim Submission Process

- Your claim is transmitted *electronically* to AHCCCS
- If the transmission is not accepted, the provider is notified and advised to resubmit
- When the transmission is accepted, your claim is processed through a series of edits
- The claim is either paid or denied
- Claim payment or denial is documented on a remittance advice sent to the provider
- This process is complete in a matter of days

PHYSICIAN FEE SCHEDULE UPDATE

AHCCCS has adopted the following rates for dates of service on and after
November 1, 2005.

Proc	Mod	Short Description	Rate 11/01	Proc	Mod	Short Description	Rate 11/01
90718		Td vaccine > 7, im	\$16.27	Q0170		Promethazine HCl 25 mg oral	\$0.50
E0971		Wheelchair anti-tipping devi	\$43.39	Q0187		Factor viia recombin	\$1,073.98
E0971 RR		Wheelchair anti-tipping devi	\$0.14	Q0480		Repl. pneu. asst dev	\$70,907.06
E1038 RR		Transport chair pt wt <250lb	\$0.59	Q0481		Microprocessor unit	\$11,440.02
E1039 RR		Transport chair pt wt>=250lb	\$1.12	Q0482		Microprocessor unit	\$3,583.23
E1238		Fld ped wc adjstabl w/o seat	\$1,638.73	Q0483		Monitor/display modu	\$14,761.30
E1238 RR		Fld ped wc adjstabl w/o seat	\$5.38	Q0484		Monitor/display modu	\$2,866.60
J0280		Aminophyllin 250 MG inj	\$0.36	Q0485		Monitor cable	\$276.77
J0285		Amphotericin B	\$22.94	Q0486		Monitor cable	\$230.35
J0725		Chorionic gonadotropin/1000u	\$3.61	Q0487		Leads(pneumatic/elec	\$268.74
J0760		Colchicine injection	\$5.34	Q0488		Power pack base	BR
J0770		Colistimethate sodium inj	\$28.95	Q0489		Power pack base	\$12,797.26
J1094		Inj dexamethasone acetate	\$0.29	Q0490		Emerg power source	\$553.54
J2275		Morphine sulfate injection	\$6.48	Q0491		Emerg. power source	\$870.24
J2515		Pentobarbital sodium inj	\$5.29	Q0492		Emerg. power supply	\$70.11
J2993		Reteplase injection	\$1,278.84	Q0493		Emerg. power cable	\$199.64
J3230		Chlorpromazine hcl injection	\$3.26	Q0494		Emerg. hand pump	\$168.93
J3260		Tobramycin sulfate injection	\$1.32	Q0495		Battery/power pack	\$3,288.56
J3411		Thiamine hcl 100 mg	\$1.27	Q0496		Battery	\$1,180.32
J3470		Hyaluronidase injection	\$23.02	Q0497		Battery clips	\$368.56
J7051		Sterile saline/water	\$0.04	Q0498		Replacement holster	\$404.39
J7190		Factor viii	\$0.65	Q0499		Belt/vest replacemen	\$131.39
J7192		Factor viii recombin	\$0.93	Q0500		Replacement filter	\$24.04
J7193		Factor IX non-recomb	\$0.75	Q0501		Replacement cover	\$402.07
J7194		Factor ix complex	\$0.73	Q0502		Mobility cart replac	\$511.88
J7195		Factor IX recombinan	\$0.88	Q0503		Replacement battery	\$1,023.78
J7198		Anti-inhibitor	\$1.05	Q0504		Power adapter	\$540.23
J7624		Betamethasone inhalation sol	\$1.21	Q0505		Misc. supply	BR
L5685		Below knee sus/seal sleeve	\$100.83	Q2022		VonWillebrandFactrCm	\$0.77
Q0164		Prochlorperazine maleate 5mg	\$0.50	Q9941		IVIG lyophil 1G	\$42.57
Q0165		Prochlorperazine maleate 10mg	\$0.75	Q9942		IVIG lyophil 10 mg	\$0.43

If you have any questions concerning the AHCCCS physician fee schedule, please call Victoria Burns at (602) 417-4049, or if outside Maricopa County (800) 654-8713 ext. 7-4049.

OUTPATIENT HOSPITAL SERVICES BILLING

Beginning July 1st, 2005, AHCCCS began reimbursing in-state, non-HIS hospitals for outpatient services billed on a UB claim form using the AHCCCS Outpatient Hospital Fee Schedule. The Outpatient Hospital Fee Schedule will provide rates at the procedure code level, and Surgery/Emergency Department (ED) services will be bundled similar to Medicare for payment purposes. During our review of this new methodology, we have noticed that some providers are routinely billing \$1.00 for some of the services that will be bundled for payment purposes instead of billing the appropriate charge. **Providers should be billing appropriately.** This data will eventually be used for the re-evaluation of the pricing and routinely billing \$1.00 for services that will be bundled for payment will adversely affect the re-evaluation process of the pricing.

OBSERVATION SERVICES

Observation services, **without labor**, billed on a UB claim form must be billed with a 762 Revenue Code (Treatment/Observation Room – Observation Room) and the appropriate observation CPT code 99218, 99219 or 99229 (note that 99217 is NOT appropriate for hospital billing). Each hour or portion of an hour that a recipient is in observation status must be billed as one unit of service.

Observation services, **with labor**, billed on the UB claim form must be billed with a 721 Revenue Code (Labor Room Delivery – Labor) and the appropriate CPT/HCPCS codes. Each hour or portion of an hour that a recipient is in observation status must be billed as one unit of service.

Observation services **that directly precede an inpatient admission** to the same hospital must not be billed separately. These charges must be billed on the inpatient claim. The inpatient claim is priced at the tiered per diem rate based on the number of allowed accommodation days. Reimbursement for the observation services provided before the hospital admission is included in the tiered per diem payment.

WOUND DEBRIDEMENT

Provider Types 13 (Occupational Therapists), 14 (Physical Therapists), 18 (Physician Assistants), and 19 (Nurse Practitioners) can now use **CPT code 97602** (Removal of Devitalized Tissue from Wound(s), Non-Selective Debridement). Physicians should use codes from the debridement area of CPT (11040 – 11044).

ELECTRONIC REMITS

Before a provider or vendor can receive a remittance file a provider must register and obtain a copy of the Trading Partner Agreement (TPA) and Electronic Remittance Advice Manual. The provider must complete the TPA, including each applicable provider ID, AHCCCS will validate the TPA and update the provider ERA indicator and forward the information to the ISD testing Unit which will update the 835 Trading Partner Table. The provider will then notify AHCCCS Electronic Claim Submission Unit of their readiness to test. The ECS Unit will track the testing and provide technical assistance to the provider and coordinate with ISD as necessary. Once the provider has passed testing requirements, the ECS Unit will notify the provider of their readiness to receive 835 Remittance files in production. In order to access the AHCCCS Online Website, you will need a username and password approved by AHCCCS. If you do not currently have an active account, you can sign up for one in the following manner:

To create an account and begin using AHCCCS Online, go to the AHCCCS Web site at <https://azweb.statemedicaid.us/Home.asp>

Click on Create a New Account

A link on the providers page allows providers to create a free account. Successful completion of the web-based account request process will be followed by a letter sent to you via US mail containing your account activation code. You cannot access the website without first completing your account setup with this activation code. You will then use the username and password from your activated account to gain access to the AHCCCS online website.

To download a remittance, providers must click on the "REMITTS" link in the AHCCCS Online Main Menu on the left side of the page. If a provider has no available remittance files, the Electronic Remits page will be displayed with the message "NO FILES AVAILABLE". If a provider has available remittance files, they will be listed on the Electronic Remits page. To download a remittance file, providers must click the "DOWNLOAD FILE" link to the right of the file name corresponding to the file that the provider wishes to download. A pop-up box will appear on the screen. Providers must click the "SAVE" button and a window will be displayed allowing the providers to specify where the file should be saved. Providers will receive both an 835 remittance file of paid and denied claims and a supplemental file containing pended claims and additional data related to the paid and denied claims, for each applicable remittance date. Once the remittance file(s) have been saved, they can be accessed and displayed in any text editor (Notepad, Wordpad, Winword, etc.) Remittance files are retained by AHCCCS online for two weeks. After two weeks, they will no longer be available via AHCCCS online. To obtain an additional copy, providers must contact the AHCCCS Finance Department. Questions regarding the electronic remittance should be directed to the ECS Unit at (602)417-4706 or (602)417-4892.